

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR -5 AM 10:09

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

A96000001381

FLORIDA DEPARTMENT OF STATE
Sandra McPherson
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001381

THE RHODES FAMILY LIMITED PARTNERSHIP

Mailing Address: 3451 NW 212th Street
Miami, Florida 33056

Principal Office Address: 34 NW 212th Street
Miami, Florida 33056

2. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered: 07/24/96

5a. Capital Contributions as Shown on record: \$500,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation: FL

6. FEI Number ☒ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BOHATCH, JOHN S
19 West Flagler Street, 14th Floor
Miami, Florida 33130

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RHODES, MARJORIE	3451 NW 212th St.	Miami, Fl. 33056	4000002106674--7 -03/06/97--01115--014 *****541.25 *****541.25 4000002106674--7 -03/06/97--01115--015 *****8.75 *****8.75 dec (cus) 550.00 (new fees)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

MARJORIE RHODES

DATE

2/21/97
371-1522

Daytime Telephone Number

CR2E003 (6/96)